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MEDCOM NOW

Office of the Surgeon General and Army Medical Command

MEDCOM NOW

is a newsletter highlighting the challenges and successes of Army Medicine

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Moving Forward

Six weeks ago, the first edition of Walter Reed Now brought you the highlights and the latest information on progress to restore Walter Reed Army Medical Center to its rightful place as the “crown jewel” of Army Medicine. The sixth edition published April 30, 2007, was the last. Moving forward, we bring you MEDCOM Now—a newsletter highlighting the challenges and successes of Army Medicine.

Army Medical Action Plan

Soldiers returning from fighting the battles of war should not have to fight an antiquated bureaucracy to obtain health care and other services they require while in a hospital or during their recovery and transition afterwards. Military leaders understand and are committed to a new plan of action. Army Medicine will provide each Soldier and Family member the care, dignity, compassion and respect they rightfully earned.

The Army Medical Action Plan (AMAP) is our way ahead. The AMAP and its execution are led by the “bureaucracy buster,” Brig. Gen. Michael Tucker, Deputy Commanding General of the North Atlantic Regional Medical Command and Walter Reed Army Medical Center.

The mission of the AMAP is to support the Army’s Warrior Ethos, “I will never leave a fallen comrade.” Under the plan, Army Medicine, the Department of Veterans Affairs (VA) and other support agencies joined together to identify and implement changes to improve processes for “Warriors in Transition” and Family members.

The AMAP vision for Army Medicine, VA and other support agencies is the creation of a sustainable health care system where all injured and ill Soldiers are medically treated, vocationally rehabilitated and returned successfully to active duty, or transitioned back into civilian life with follow-up health care provided by VA.

Army Medical Action Plan Synchronization Conference



“A term attendees quickly became familiar with is quick wins.”



“Mr. William Thresher speaks to attendees about conference mission and objectives.”



“Issues and processes once frozen in Cold War bureaucracy are now ripe for change.”

The Office of the Army Surgeon General got down to business at an AMAP Synchronization Conference held April 24 to 27, 2007, at the National Conference Training Center, Lansdowne, Va. About 200 representatives from the Army, VA and other government agencies met over a four-day period to develop solutions to improve processes and procedures for providing care to Warriors in Transition at Army and VA medical treatment facilities.

After Maj. Gen. Pollock opened the session, Brig. Gen. Tucker and Mr. William Thresher, MEDCOM Chief of Staff, spoke to participants about the mission and objectives of the conference. Attendees worked in groups that focused on leadership, processes, facilities and services that support our medical hold and medical holdover Soldiers.

A term attendees quickly became familiar with was **“quick wins.”** Brig. Gen. Tucker defined a quick win as any change in processes or services to Soldiers that Army, VA and other support agencies can provide by June 15, 2007. The AMAP team is working on establishing quick wins and **MEDCOM Now** will bring you those in the next edition.

MEDCOM has already addressed the following issues:

1. Assigned two additional adjudicators and reduced processing time for cases submitted to the Medical Evaluation Board and Physical Evaluation Board (PEB) at Walter Reed Army Medical Center.
2. Directed the nurse case manager ratio at Walter Reed for the Warriors in Transition as 1:17.
3. Developed Distance Learning Army Physical Disability Evaluation System Curriculum for Physical Evaluation Board Liaison Officers (PEBLOs), Medical Board Providers, Medical Hold and Medical Holdover Cadre.
4. Held a PEBLO training conference May 7, 2007, with dedicated physician and PEBLO training tracks.
5. Established a formal Case Manager training program.
6. Mobilized 18 Reserve Judge Advocate officers at three PEB locations to reduce adjudication wait times for Warriors in Transition.

Office of the Surgeon General and Army Medical Command

Coming Events

**National Memorial Day
Observance,**
May 28, 2007

**The U.S. Army
celebrates its 232nd
birthday,**
June 14, 2007

**2007 AUSA Medical
Symposium and
Exhibition,**
June 18-21,
San Antonio TX,

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MHAT IV Findings Released

On May 4, the Department of Defense released key findings from the latest Mental Health Advisory Team survey (MHAT-IV), the fourth in a series of studies since 2003 to assess the mental health and well-being of the deployed force serving in the U.S. Central Command area of operations in Iraq. Maj. Gen. Gale Pollock, Commander, MEDCOM and Acting Army Surgeon General, presented the team's findings and recommendations during a Pentagon press conference.

The MHAT-IV, conducted last year between August and October, assessed more than 1,300 Soldiers and nearly 450 Marines. This is the first MHAT to include Marines as part of the survey group and it is also the first team to look at ethics.

Key findings include:

- Soldiers who deployed longer (greater than 6 months) or had deployed multiple times were more likely to screen positive for a mental health issue.
- The 2006 adjusted suicide rate of 17.3 Soldiers per year per 100,000 is higher than the Army average of 11.6 per 100,000 Soldiers. However, there are important demographic differences between these two Soldier populations that make direct comparisons problematic.
- Effective small unit leadership was related to better Soldier/Marine mental health and well-being.

A significant finding included data about battlefield ethics and troop morals. Military leadership has since directed that specific training be conducted to address these findings.

The MHAT report provides invaluable information that leaders can use to improve the overall behavioral health of military members and their families. MHAT- IV report is available at http://www.armymedicine.army.mil/news/mhat/mhat_iv/mhat-iv.cfm.

The Way Ahead

Army Medicine is in the spotlight. Issues and processes once frozen in Cold War bureaucracy are now ripe for change—making way for a new order of business. Leadership is committing the necessary resources required for a successful change. We are working towards a Soldier-centric health care system supported by the triad of a caring and energetic chain of command, a designated primary care physician and a case manager for each Warrior in Transition.

In the next edition of MEDCOM Now, we'll highlight the quick wins and more on the short and long term goals made by Brig. Gen. Tucker and his team of bureaucracy busters, and other healthcare initiatives.

Major General Gale S. Pollock

Commander, US Army Medical Command
Acting, The Surgeon General